PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Eax (571)-273-2880

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patient, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a two correspondence address, and/or (b) indicating a separate "FEE ADDRESS" of the maintenance fee month including a separate "FEE ADDRESS" of the maintenance fee month including a separate "FEE ADDRESS" of the maintenance fee month of the maintenance fee maintenance fee maintenance fee month of the maintenance fee maintenanc

MICHAEL J. 1 103 EAST NEC HUNTINGTON	STRIKER K ROAD	6 /2009	hav	e its own certificate of	paper, such as an assignme of mailing or transmission. ficate of Mailing or Trans: Fec(s) Transmittal is being the sufficient postage for firs Stop ISSUE FEE address O (571) 273-2885, on the di	an instant
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/563,394 TITLE OF INVENTION	04/05/2006 I: SCREW CONNECTIO	ON ELEMENT AND PRO	Harald Schneider OTECTIVE SLEEVE THE	REFOR	3588	1514
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	07/16/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
BOCHNA 1. Change of corresponde		3679	285-333000			
CRR 1.530.) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form PTO/SB/1222 attached. The Address indication (or "Fee Address' Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Norther is required. A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASI: NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						cument has been filed for
4a. The following fee(s) are submitted: 4b. Jissue Fee 4b. Publication Fee (No small entity discount permitted) Advance Order - # of Copies			Department of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card, Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any corepisment. Ob Eposit Account Number (enclose an extra copy of this form)			
 Change in Entity Stat a. Applicant claims 	us (from status indicated SMALL ENTITY statu		☐ h Applicant is no lone	rer elaiming SMALL	ENTITY status. See 37 CF	P 1 27(a)(2)
	Publication Fee (if reg	uired) will not be accepted	d from anyone other than the		ered attorney or agent; or the	
Authorized Signature	/Michael	J. Striker/	Date 06/26/2009 Resistration No. 27233			
	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this bur inginia 22313-1450. DO		on is required to obtain or r 1.14. This collection is est depending upon the indiv chief Information Office COMPLETED FORMS TO		public which is to file (and ments to complete, including ments on the amount of tim ademark Office, U.S. Depa SEND TO: Commissioner for	by the USPTO to process) gathering, preparing, and e you require to complete timent of Commerce, P.O. or Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.